

**STATE OF IDAHO
BUREAU OF OCCUPATIONAL LICENSES
1109 Main Street, Suite 220
Boise, Idaho 83702-5642**

EVALUATION AND VERIFICATION OF SUPERVISED EXPERIENCE

Applicant _____ is seeking licensure to practice Counseling in the State of Idaho. The Idaho Board requires the information below in order to evaluate the extent and quality of the applicant's supervised experience.

SECTION 1 - To be completed by applicant:

A. Name of supervisor _____

B. Address of supervisor _____

C. The setting of this supervision was (mark with an X **one only**):

☐ WORK

☐ PRACTICUM

☐ INTERNSHIP

D. Experience was earned in the following area/s (mark with an X **all that apply**):

☐ Mental Health

☐ Career Counseling

☐ Substance Abuse

☐ Marriage and Family

☐ Gerontology

☐ School Counseling

☐ Other. Please specify _____

E. Dates of practice by applicant at this setting: from _____ to _____

F. Total number of supervised practice hours during period listed in E above: _____

G. Total number of direct client contact hours during the period listed in E above: _____

If Marriage & Family Therapy, the total number of direct contact hours with families & couples _____

H. Number of 1-to-1, face to face, individual, (not group) hours with supervisor during period listed in E above: _____

I. Please describe the nature of the applicant's duties: _____

J. Please describe the nature of the supervision provided: _____

Applicant Signature

State of _____, County of _____, ss.

Subscribed and sworn before me this _____ day of _____, 20 _____.

(seal)

Notary Public official signature
commission expires _____

EVALUATION AND VERIFICATION OF SUPERVISED EXPERIENCE

(continued)

SECTION 2 - To be completed by the supervisor:

Title at time of supervision _____

Title of professional license, if held _____

State of License _____ Professional License Number _____

Area of Specialization _____

K. Please state the quality of the applicants performance during the supervised practice period:

L. I have reviewed the applicant's statements. They ☐are **or** ☐are not substantially correct.

M. As supervisor, do you have any reservations about the applicant being granted a license? ☐YES ☐NO

IF YES, PLEASE SPECIFY (Attach additional sheet if necessary):

Signature of Supervisor

State of _____, County of _____, ss.

Subscribed and sworn before me this _____ day of _____, 20 _____.

(seal)

Notary Public official signature
commission expires _____

NOTICE TO SUPERVISOR

Please seal this completed form in an envelope, sign your name across the sealed back flap, and return it to the applicant.